

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: _____		2 Serial/Patent # <u>10/518223</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/>	Filing		\$ <u>100</u>						
<input type="checkbox"/>	Amendment		\$						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input type="checkbox"/>	Petition		\$						
<input type="checkbox"/>	Issue		\$						
<input type="checkbox"/>	Cert of Correction/Terminal Discontinuation		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other		\$						
		7 TOTAL AMOUNT OF REFUND							
		\$ <u>100</u>							
10 REASON:		8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check							
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>1</td><td>--</td><td>1</td><td>9</td><td>10</td> </tr> </table>		1	1	--	1	9	10
1	1	--	1	9	10				
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Jamala Holland</u>		TITLE: <u>Paralegal</u>							
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>							
OFFICE: <u>PCT</u>		<u>X209</u>							
<div style="display: flex; justify-content: space-between;"> ***** REFUND COMPLETED ***** </div> <div style="display: flex; justify-content: space-between;"> THIS SPACE RESERVED FOR FINANCE USE ONLY: PCT NATIONAL DIVISION ***** </div>									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: